Case 17-24115 Doc 1 Filed 08/11/17 Entered 08/11/17 16:26:36 Desc Main Document Page 1 of 60

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Scott First name R Middle name Hall Last name and Suffix (Sr., Jr., II, III)	Stephanie First name J Middle name Hall Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1229	xxx-xx-0870

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Debtor 1 Scott R Hall
Debtor 2 Stephanie J Hall

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	1143 Brandywym Ln Buffalo Grove, IL 60089	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Lake County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition	Check one:
		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Den	tor 2 Stephanie J Hall				Case number (if known)	
Par	Tell the Court About	Your Bankruptcy C	ase			
7.	The chapter of the Bankruptcy Code you are		brief description of each, see \(\int \), go to the top of page 1 and ch		y 11 U.S.C. § 342(b) for Individuals Filing for Bankrupto ate box.	У
	choosing to file under	Chapter 7				
		□ Chapter 11				
		☐ Chapter 12				
		☐ Chapter 13				
8.	How you will pay the fee	about how y	ou may pay. Typically, if you ar r attorney is submitting your pa	e paying the fee y	eck with the clerk's office in your local court for more de yourself, you may pay with cash, cashier's check, or mothalf, your attorney may pay with a credit card or check	ney
			y the fee in installments. If yo ee in Installments (Official Form		tion, sign and attach the Application for Individuals to P	ay
		☐ I request th	at my fee be waived (You may	y request this option	on only if you are filing for Chapter 7. By law, a judge m	
		applies to yo	our family size and you are unal	ble to pay the fee	your income is less than 150% of the official poverty line in installments). If you choose this option, you must fill ficial Form 103B) and file it with your petition.	
	Have very filed for					
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
		District		_ When	Case number	
		District		When	Case number	
		District		_ When	Case number	
10.	Are any bankruptcy	■ No				
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
		Debtor			Relationship to you	
		District		When	Case number, if known	
		Debtor			Relationship to you	
		District		When	Case number, if known	
11.	Do you rent your	■ No. Go to	line 12.			
	residence?		our landlord obtained an eviction	on judgment agair	nst you and do you want to stay in your residence?	
		l res.	No. Go to line 12.	, 5	, ,,	
		_	Yes. Fill out <i>Initial Statement</i> bankruptcy petition.	About an Eviction	n Judgment Against You (Form 101A) and file it with this	8

Debtor 1

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Debtor 1 Scott R Hall

Deb	otor 2 Stephanie J Hall				Case number (if known)
Par	t 3: Report About Any Bu	sinesses	You Owr	ı as a Sole Proprie	etor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, Stat	ate & ZIP Code
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:
				Health Care Busir	iness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	al Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	defined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	ve
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can so deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow in 11 U.S.C. 1116(1)(B).		a small business debtor, you must attach your most recent balance sheet, statement of			
	debtor? For a definition of small	■ No.	I am r	not filing under Chap	pter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	ny Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.			
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs		Where is	s the property?	
	urgent repairs?				Number, Street, City, State & Zip Code

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Debtor 1 Scott R Hall
Debtor 2 Stephanie J Hall
Case number (if known)

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-24115 Doc 1 Filed 08/11/17 Entered 08/11/17 16:26:36 Desc Main Document Page 6 of 60

	otor 1	Scott R Hall Stephanie J Hall		Document	Case nu	umber (if known)				
Par		Answer These Questi	one for Pa	enorting Purposes						
		t kind of debts do	16a.	· · · · · · · · · · · · · · · · · · ·	mor dobte? Consumor dobte are	defined in 11 LLS C. 8 101/9) as "incurred by an				
10.		have?	10a.		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
				☐ No. Go to line 16b.						
				Yes. Go to line 17.						
			16b.	Are your debts primarily busines money for a business or investmen						
				☐ No. Go to line 16c.						
				☐ Yes. Go to line 17.						
			16c.	State the type of debts you owe that	at are not consumer debts or bu	siness debts				
17.		you filing under oter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.					
	Do you estimate that after any exempt property is excluded a		■ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available		property is excluded and administrative expenses itors?				
administrative expenses are paid that funds will										
	be a	be available for distribution to unsecured creditors?		Yes						
18.		many Creditors do	1 -49		□ 1,000-5,000	2 5,001-50,000				
	owe	estimate that you ?	☐ 50-99		☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000				
			☐ 100-19 ☐ 200-99		10,001-23,000	La More than 100,000				
19.		much do you	□ \$0 - \$9	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
		nate your assets to orth?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion				
			. ,	001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$100 million					
20.		much do you	□ \$0 - \$£	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estir to be	nate your liabilities e?	_	01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion				
			. ,	001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
						·				
Par		Sign Below								
For	you		I have ex	amined this petition, and I declare u	under penalty of perjury that the i	nformation provided is true and correct.				
						gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.				
				rney represents me and I did not pa t, I have obtained and read the notion		is not an attorney to help me fill out this).				
			I request	relief in accordance with the chapte	er of title 11, United States Code,	specified in this petition.				
				cy case can result in fines up to \$25		ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,				
			/s/ Scot	t R Hall	/s/ Stephani					
			Scott R Signature	Hall of Debtor 1	Stephanie J Signature of D					
			Executed	on August 11, 2017 MM / DD / YYYY	Executed on	August 11, 2017 MM / DD / YYYY				

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Debtor 1	Scott R Hall		Documer	nt Page / of 6	U	
Debtor 2	Stephanie J Hall				Cas	se number (if known)
•	attorney, if you are ted by one	under Chapt	er 7, 11, 12, or 13 of title 11,	, United States Code, an	d have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
	e not represented by ey, you do not need s page.		e in which § 707(b)(4)(D) appear with the petition is incorre		no knov	wledge after an inquiry that the information in the
		/s/ Jennife	r Ann Filipiak		ate	August 11, 2017
		Signature of	Attorney for Debtor			MM / DD / YYYY
		Jennifer A	nn Filipiak			
		Printed name				
		Illinois Ad	vocates, LLC			
		Firm name				
		77 W. Was	hington St.			
		Suite 2120				
		Chicago, I				
		Number, Street,	City, State & ZIP Code			
		Contact phone	312.818.6700	Email a	ddress	jfilipiak@iladvocates.com
		6315340				
		Bar number & St	ate			

		Docume	ent Paue 8 01 00	
Fill in this infor	mation to identify your	case:		
Debtor 1	Scott R Hall			
	First Name	Middle Name	Last Name	
Debtor 2	Stephanie J Hall			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets
		Value o	of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	323,663.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	30,145.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	353,808.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	301,285.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	63,570.98
	Your total liabilities	\$	364,855.98
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,483.20
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,462.06
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	hedules.
	■ Yes		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

		Document	Page 9 of 60	
	Scott R Hall		3.9	
Debtor 2	Stephanie J Hall		Case number (if known)	

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

\$_____6,827.07

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	al claim
Trom ruit 4 on concaute 2/1, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Ca	ase 17-2411	.5 Doc 1		08/11/17 ument	Entered 08/11/17 Page 10 of 60	16:26:	36 De:	sc N	⁄lain
Fill	in this inform	nation to identif	y your case and	this filing	j:					
Deb	otor 1	Scott R Hal	I							
		First Name		dle Name		Last Name				
	otor 2	Stephanie .								
(Spo	use, if filing)	First Name	Mide	dle Name		Last Name				
Unit	ted States Ba	nkruptcy Court fo	r the: NORTHE	RN DIST	RICT OF ILLIN	NOIS				
Cas	se number _					-				Check if this is an amended filing
n ea hink nfor	chedul ch category, s it fits best. B mation. If mor wer every ques	e as complete and e space is needed stion.	roperty describe items. Lis l accurate as possi , attach a separate	ble. If two sheet to th	married people nis form. On the	an asset fits in more than one c e are filing together, both are e e top of any additional pages, v n or Have an Interest In	qually respo	nsible for su	pplyin	g correct
	Yes. Where i	s the property?								
1.1	4440.0			What	is the property	? Check all that apply				
		ndywyn Lane if available, or other de	escription	_	Single-family h Duplex or mult Condominium		the amount		uct secured claims or exemptions. P of any secured claims on Schedule Who Have Claims Secured by Proper	
	Buffalo G	rove IL	60089-0000		Manufactured Land	or mobile home	Current valuentire prope			rent value of the tion you own?
	City	State	ZIP Code		Investment pro	operty	\$32	3,663.00		\$323,663.00
					Timeshare		Describe th	e nature of y	our ov	vnership interest
					Other		•		ancy b	y the entireties, or
						in the property? Check one	a life estate	e), ii known.		
	Lake				Debtor 1 only					
	County					Dahtar 0 anh				
	County				Debtor 1 and [•		if this is com	munit	y property
				Othor		f the debtors and another	(see inst	,		
					r information yo	ou wish to add about this item, on number:	Such as 100	iai		
					•					

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.......

\$323,663.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

page 1 Official Form 106A/B Schedule A/B: Property

D. I	4	٠.	ett D Hell		Document	Page 11 of 60		
	otor 1 otor 2		ott R Hall ephanie J				Case number (if known)	
3. C	ars, va	ıns, 1	rucks, trac	tors, sport utility ve	ehicles, motorcycles			
_] No							
	_							
	Yes							
2.4	1 Make		Mercede	c	Who has an interest in	the manager 2 Observe	Do not deduct secu	red claims or exemptions. Put
3.1	1 Make Mode		ML350		Who has an interest in to Debtor 1 only	tne property? Check one	the amount of any s	secured claims on Schedule D: re Claims Secured by Property.
	Year		2015		Debtor 2 only		Creditors write Hav	e Claims Secured by Property.
			ate mileage:	37820	■ Debtor 1 and Debtor 2) only	Current value of the entire property?	he Current value of the portion you own?
			rmation:		☐ At least one of the de	•	citile property:	portion you own:
	_			SURRENDER	At least one of the de	biors and another		
					☐ Check if this is com	munity property	\$28,450.	.00 \$28,450.00
					(see instructions)			
] Yes		_				, Г	
					vn for all of your entries that number here			\$28,450.00
							L	<u></u>
Par	t 3: Des	scrib	e Your Perso	onal and Household It	tems			
Do	you ow	n o	have any l	legal or equitable in	nterest in any of the follo	wing items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
1				furnishings nces, furniture, linens	s, china, kitchenware			
ı	Yes.	Des	cribe					
				[11111		*		¢700 0
				Used Househol	ld Goods and Furnish	nings		\$700.0
				Mattress				\$0.0
	lectron Example	es: T			leo, stereo, and digital equenced in the stereo, and digital equenced in the stereo.	uipment; computers, print	ers, scanners; music co	ollections; electronic devices
_	■ No □ Yes.	Des	cribe					
_								
	Example	es: A		I figurines; paintings, ions, memorabilia, co		ooks, pictures, or other a	art objects; stamp, coin,	or baseball card collections;
_	■ No □ Yes.	Des	cribe					
_	Example _	es: S			nd other hobby equipmen	t; bicycles, pool tables, go	olf clubs, skis; canoes a	nd kayaks; carpentry tools;
_	■ No □ Yes.	Des	cribe					

Official Form 106A/B Schedule A/B: Property page 2

Case 17-24115 Doc 1 Filed 08/11/17 Entered 08/11/17 16:26:36 Desc Main Page 12 of 60 Document Debtor 1 Scott R Hall Debtor 2 Stephanie J Hall Case number (if known) 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe..... \$700.00 Clothes and Shoes 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,400.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Chase \$75.00 Checking Chase \$120.00 Checking 17.2. **BMO Harris** \$100.00 Checking 17.3.

Official Form 106A/B

Schedule A/B: Property

Central Credit Union

\$0.00

17.4.

Checking

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			ocument	Page 13 c)T 6U	
	tor 1 tor 2	Scott R Hall Stephanie J Hall			Case number (if known)	
	Exam	s, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with bro	okerage firms, mon	ey market acco	unts	
_	No Yes.	Institution or issuer	name:			
		ublicly traded stock and interests in incorpore	orated and uninco	orporated busin	nesses, including an interest i	ո an LLC, partnership, and
_	No					
] Yes.	Give specific information about them			% of ownership:	
	Negot Non-n	nment and corporate bonds and other nego tiable instruments include personal checks, cas negotiable instruments are those you cannot tra	hiers' checks, pron	nissory notes, a	nd money orders.	
	No Yes.	Give specific information about them Issuer name:				
		ment or pension accounts ples: Interests in IRA, ERISA, Keogh, 401(k), 4	03(b), thrift savings	s accounts, or o	ther pension or profit-sharing pla	ans
	Yes.	List each account separately.	Lander Contract			
		Type of account:	Institution n	ame:		
	Your s Exam	ity deposits and prepayments share of all unused deposits you have made so ples: Agreements with landlords, prepaid rent,				s, or others
_	No Yes.		Institution n	ame or individua	al:	
23.	Annuit	ties (A contract for a periodic payment of mone	ey to you, either for	life or for a num	nber of years)	
	No				• ,	
	Yes.	Issuer name and description.				
2		ats in an education IRA, in an account in a qu.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ualified ABLE pro	gram, or unde	r a qualified state tuition progr	am.
		Institution name and description	n. Separately file th	e records of any	y interests.11 U.S.C. § 521(c):	
	Γrusts I _{No}	s, equitable or future interests in property (o	ther than anythin	g listed in line	1), and rights or powers exerc	isable for your benefit
	Yes.	Give specific information about them				
	Exam	ts, copyrights, trademarks, trade secrets, an ples: Internet domain names, websites, procee			eements	
	No Yes.	Give specific information about them				
		ses, franchises, and other general intangible ples: Building permits, exclusive licenses, coop		n holdings, liquo	r licenses, professional licenses	
	No Yes.	Give specific information about them				
Mor	ey or	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
_	_	funds owed to you				
_	I No I Yes.	Give specific information about them, including	g whether you alrea	ady filed the retu	urns and the tax years	
			=		•	

Official Form 106A/B Schedule A/B: Property page 4

De	btor 1	Case 17-2411!	5 Doc 1	Filed 08/11/17 Document	Entered 08/11/17 16:26:36 Page 14 of 60	Desc Main
De	btor 2	Stephanie J Hall			Case number (if known)	
	Examp ■ No	support les: Past due or lump su Give specific information		usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
	Examp ■ No	benefits; unpaid loa	bility insurance ns you made to		efits, sick pay, vacation pay, workers' compe	nsation, Social Security
	⊔ Yes.	Give specific information	n			
		ts in insurance policies les: Health, disability, or		health savings account (HSA); credit, homeowner's, or renter's insura	nce
	□ Yes. I	Name the insurance con Co	npany of each pompany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
	If you a someo		ving trust, expe	a someone who has die ct proceeds from a life in	ed surance policy, or are currently entitled to rec	eive property because
	Examp ■ No		nent disputes, in	you have filed a lawsu surance claims, or rights	it or made a demand for payment is to sue	
	■ No	contingent and unliquid		every nature, includin	g counterclaims of the debtor and rights t	o set off claims
25	A		4			
	■ No	ancial assets you did r	-			
36			•	om Part 4, including a	ny entries for pages you have attached	\$295.00
Pa	rt 5: Des	scribe Any Business-Rela	ted Property You	Own or Have an Interest	In. List any real estate in Part 1.	
37	Do you o	own or have any legal or e	quitable interest	in any business-related p	roperty?	
	_ ′	to Part 6.	44	a, 220000 .0 p		
	☐ Yes. G	o to line 38.				
Pa		scribe Any Farm- and Com ou own or have an interest i		Related Property You Ow n Part 1.	n or Have an Interest In.	
46.		own or have any legal Go to Part 7.	or equitable in	nterest in any farm- or	commercial fishing-related property?	

Describe All Property You Own or Have an Interest in That You Did Not List Above

 \square Yes. Go to line 47.

Part 7:

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Debto Debto			Case number (if known)	
	you have other property of any kind you did not already list? xamples: Season tickets, country club membership	,		
	Yes. Give specific information			
54. A	add the dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			-
55. P	Part 1: Total real estate, line 2			\$323,663.00
56. P	Part 2: Total vehicles, line 5	\$28,450.00		
57. P	art 3: Total personal and household items, line 15	\$1,400.00		
58. P	Part 4: Total financial assets, line 36	\$295.00		
59. P	art 5: Total business-related property, line 45	\$0.00		
60. P	art 6: Total farm- and fishing-related property, line 52	\$0.00		
61. P	art 7: Total other property not listed, line 54 +	\$0.00		
62. T	otal personal property. Add lines 56 through 61	\$30,145.00	Copy personal property total	\$30,145.00
63. T	otal of all property on Schedule A/B. Add line 55 + line 62			\$353.808.00

Official Form 106A/B Schedule A/B: Property page 6

		Docume	T dac 10 or co	
Fill in this infor	mation to identify your	case:		
Debtor 1	Scott R Hall			
	First Name	Middle Name	Last Name	
Debtor 2	Stephanie J Hall			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Ide	entify the	Property	/ You Clai	im as E	xempt
-------------	------------	----------	------------	---------	-------

1.	Which set of exemp	otions are	you claiming?	Check one only	, even if	your spouse	is filing with	you.
----	--------------------	------------	---------------	----------------	-----------	-------------	----------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
1143 Brandywyn Lane Buffalo Grove, IL 60089 Lake County	\$323,663.00	\$30,000.00		735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
1143 Brandywyn Lane Buffalo Grove, IL 60089 Lake County	\$323,663.00		\$2,221.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
Used Household Goods and Furnishings	\$700.00		\$700.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Clothes and Shoes Line from Schedule A/B: 11.1	\$700.00		\$700.00	735 ILCS 5/12-1001(a)
			100% of fair market value, up to any applicable statutory limit	
Checking: Chase Line from Schedule A/B: 17.1	\$75.00		\$75.00	735 ILCS 5/12-1001(b)
Elle Holl Golleddio AVD.			100% of fair market value, up to any applicable statutory limit	

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Debtor 2 Stephanie J Hall Case number (if known) Brief description of the property and line on Schedule A/B that lists this property Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Chase** 735 ILCS 5/12-1001(b) \$120.00 \$120.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Checking: BMO Harris** 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit **Checking: Central Credit Union** 735 ILCS 5/12-1001(b) \$0.00 \$0.00 Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1

		Document P	age 18	3 of 60		
Fill in this informat	ion to identify you	ır case:				
_	Scott R Hall First Name	Middle Name La	ıst Name			
	Stephanie J Hal					
(Spouse if, filing)	First Name	Middle Name La	st Name			
United States Bankr	uptcy Court for the:	NORTHERN DISTRICT OF ILLINO)IS			
Case number						
(if known)					☐ Check	if this is an
					ameno	led filing
Official Form 1	106D					
		Who Have Claims Se	CUro	d by Property	.,	12/15
3CHEGGIE D	. Creditors	Wild Have Claims Se	<u>:Cur e</u>	u by Propert	<u>y</u>	12/15
		If two married people are filing together, bout, number the entries, and attach it to the				
1. Do any creditors hav	ve claims secured by	your property?				
☐ No. Check thi	is box and submit th	his form to the court with your other sch	edules. Y	ou have nothing else to	report on this form.	
■ Yes. Fill in all	of the information	below.				
Part 1: List All S	ecured Claims					
		more than one secured claim, list the creditor	separately	Column A	Column B	Column C
for each claim. If more	than one creditor has	or has a particular claim, list the other creditors in P		Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabet		cal order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Caliber Hom	e Loans, In	Describe the property that secures the o	:laim:	\$291,442.00	\$323,663.00	\$0.00
Creditor's Name		1143 Brandywyn Lane Buffalo Grove, IL 60089 Lake County				
Po Box 2461	0	As of the date you file, the claim is: Chec	k all that			
	ity, OK 73124	apply. Contingent				
Number, Street, City	y, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only			gage or se	curea		
☐ Debtor 2 only ☐ Debtor 1 and Debto	ur 2 only	☐ Statutory lien (such as tax lien, mechan	vic's lion)			
At least one of the c		☐ Judgment lien from a lawsuit	ic s ileii)			
☐ Check if this claim		☐ Other (including a right to offset)				
community debt						_
	Opened					
	09/16 Last					
Date debt was incurre	Active ed 6/16/17	Last 4 digits of account number	9699			
Date dest was meaning	0/10/1/					
2.2 Mercedes-Be	enz Financial	Describe the property that secures the o	claim:	\$8,342.00	\$28,450.00	\$0.00
Creditor's Name		2015 Mercedes ML350 37820 m				
		Leased vehicle // SURRENDER				
Po Box 685		As of the date you file, the claim is: Chec	k all that			
Roanole, TX	76262	apply. Contingent				
Number, Street, City		☐ Unliquidated				
		☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mort car loan)	gage or se	cured		
Debtor 2 only		_				
Debtor 1 and Debto	· · · · · · · · · · · · · · · · · · ·	Statutory lien (such as tax lien, mechan	ıc's lien)			
At least one of the o	aediois and another	☐ Judgment lien from a lawsuit				

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Debtor 1	Scott R Ha	all			Ca	ase number (if know)		
-	First Name	N	liddle Name	Last Name				
Debtor 2	Stephanie	J Hall						
_	First Name		liddle Name	Last Name				
	if this claim re unity debt	elates to a	☐ Ot	her (including a right to offset)				
Date debt v	was incurred	Opened 05/15 L Active 6/19/17		Last 4 digits of account number	5001			
2.3 Pers	sonal Finaı	nce/p312	Descr	ibe the property that secures the c	laim:	\$1,501.00	\$0.00	\$1,501.00
	or's Name		Matt			<u> </u>		¥ 1,0 0 1 1 0 1
	2 S. Mclear in, IL 60123		apply.	the date you file, the claim is: Check	all that			
Numbe	er, Street, City, S	State & Zip Coo		liquidated sputed				
Who owes	s the debt? C	heck one.	Natur	e of lien. Check all that apply.				
☐ Debtor 1☐ Debtor 2	•			agreement you made (such as mortg ar loan)	age or secur	ed		
_	1 and Debtor 2	only	☐ Sta	atutory lien (such as tax lien, mechani	c's lien)			
	one of the deb	,	other 🗖 Ju	dgment lien from a lawsuit				
☐ Check in	if this claim re unity debt			her (including a right to offset)				
Date debt v	was incurred	Opened 09/16 L Active 7/07/17		Last 4 digits of account number	5601			
Add the d	dollar value of	f your entrie	s in Column	A on this page. Write that number h	ere:	\$301,285.00		
	the last page of		n, add the dol	lar value totals from all pages.		\$301,285.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	Ca	Se 17-24115 L	JOC I	Document	Page 2	0 08/11/17 16.26	.30 Des	oc Maili
Fill	in this inform	nation to identify your	case:	Document	T duc Z	0 01 00		
Deb	otor 1	Scott R Hall						
DCL	7.01	First Name	Middle	Name	Last Name			
Deb	otor 2	Stephanie J Hall						
(Spo	use if, filing)	First Name	Middle	Name	Last Name			
Uni	ted States Bar	nkruptcy Court for the:	NORTHE	RN DISTRICT OF ILLI	NOIS			
Cas	se number							
(if kn	own)						□ C	heck if this is an
							ar	mended filing
Off	icial Form	106E/F						
		/F: Creditors W	ho Hav	e Unsecured (Claims			12/15
						Part 2 for creditors with NON	PRIORITY clair	
Sche eft. <i>i</i> name	edule D: Credito Attach the Cont e and case num	ors Who Have Claims Sec	ured by Prop e. If you have	erty. If more space is no e no information to repo	eeded, copy	any creditors with partially s the Part you need, fill it out, do not file that Part. On the t	number the ent	ries in the boxes on the
		rs have priority unsecure						
	No. Go to Pa			,				
	Yes.	art Z.						
		I of Your NONPRIORIT	Y Unsecure	ed Claims				
		rs have nonpriority unsec						
		re nothing to report in this pa		-	our other sche	edules.		
	Yes.							
	unsecured claim	n, list the creditor separately	for each clai	m. For each claim listed,	identify what t	holds each claim. If a credit ype of claim it is. Do not list cla three nonpriority unsecured c	aims already incl	luded in Part 1. If more
	_							Total claim
4.1	Aargon	Agency		Last 4 digits of acco	unt number	4668		\$644.00
		Creditor's Name	-1	MI	10	0		
		ınkruptcy Departmeı ring Mountain Rd	nt	When was the debt i	ncurrea?	Opened 12/15		-
		as, NV 89117						
	Number St	reet City State Zlp Code		As of the date you fi	le, the claim i	s: Check all that apply		
		red the debt? Check one.						
	☐ Debtor	1 only		☐ Contingent				
	Debtor	2 only		■ Unliquidated				
	☐ Debtor	1 and Debtor 2 only		☐ Disputed				
	☐ At least	one of the debtors and and	other	Type of NONPRIORI	TY unsecured	d claim:		
		if this claim is for a comr	nunity	Student loans				
	debt	n subject to offset?		Obligations arising report as priority claim		ration agreement or divorce th	at you did not	
	■ No	casjoot to onsott				g plans, and other similar debt	is	
	■ No □ Yes			_		Attorney Six Flags Me		
				Other. Specify	onection i	According SIX Flags Me	uneramp	

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Debto	r 2 Stephanie J Hall		Case number (if know)	
4.2	AT&T Nonpriority Creditor's Name	Last 4 digits of account number		\$100.00
	c/o Bankruptcy 4331 Communications Dr, Flr 4W Dallas, TX 75211	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Phone bill		
4.3	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	6968	\$2,266.00
	100 S West St		Opened 01/15 Last Active	
	Wilmington, DE 19801	When was the debt incurred?	3/09/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.4	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	1542	\$1,423.00
	100 S West St Wilmington, DE 19801	When was the debt incurred?	Opened 11/14 Last Active 4/14/17	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	1 alatan	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciaim:	
	Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plans, and other similar debts	
	■ No			
	☐ Yes	Other. Specify Credit Card	1	

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Debto	² Stephanie J Hall		Case number (if know)	
4.5	Capital One	Last 4 digits of account number	4344	\$8,204.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130	When was the debt incurred?	Opened 11/10 Last Active 6/16/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.6	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	8779	\$3,253.00
	Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130	When was the debt incurred?	Opened 11/12 Last Active 6/09/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.7	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	6368	\$2,428.00
	Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130	When was the debt incurred?	Opened 09/11 Last Active 6/09/17	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	

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	1 Scott R Hall 2 Stephanie J Hall		Case number (if know)	
	Capital One Nonpriority Creditor's Name Attn: Bankruptcy	Last 4 digits of account number When was the debt incurred?		\$3,900.00
-	PO Box 30253 Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	 □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another 	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not	
	Yes	■ Other. Specify Helzberg D	• •	
	Central Cred Un of IL Nonpriority Creditor's Name	Last 4 digits of account number	0170	\$2,441.00
	Attn Bankruptcy 1001 Mannheim Rd Bellwood, IL 60104 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i	Opened 06/15 Last Active 6/28/17 s: Check all that apply	
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent	or or contain and apply	
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	<u> </u>	
0	Central Credit Union Nonpriority Creditor's Name	Last 4 digits of account number		\$2,500.00
	9850 W 159th St Orland Park, IL 60467	When was the debt incurred?		
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card	<u> </u>	

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Debtor Debtor	1 Scott R Hall 2 Stephanie J Hall		Case number (if know)	
4.1 1	Comenity Bank/Victoria Secret	Last 4 digits of account number	1279	\$589.00
	Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 04/16 Last Active 5/18/17	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	□ Debtor 1 only ■ Debtor 2 only	☐ Contingent☐ Unliquidated☐		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Acc	- •	
4.1	Comenity Bank/Z Gallerie Nonpriority Creditor's Name	Last 4 digits of account number	4468	\$3,046.00
	Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 04/15 Last Active 6/28/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	Comenitybank/fmrwrdsvs Nonpriority Creditor's Name	Last 4 digits of account number	0084	\$4,711.00
	Comenity Bank Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 02/16 Last Active 7/06/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	☐ Yes	Other, Specify Credit Card		

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Debtor 1 Debtor 2	Scott R Hall Stephanie J Hall		Case number (if know)	
	Compass Health Center	Last 4 digits of account number		\$500.00
	Nonpriority Creditor's Name 60 Revere Drive, Suite 100 Northbrook, IL 60062	When was the debt incurred?		
_	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin		
	Yes	Other. Specify For minor s	son, Samuel Hall	
5	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	3487	\$5,469.00
	Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 04/16 Last Active 7/10/17	
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	Discover Financial	Last 4 digits of account number	9897	\$1,904.00
	Nonpriority Creditor's Name	_		
	Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 12/14 Last Active 6/13/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	■ Other. Specify Credit Card	l	

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Debtor 2	Scott R Hall Stephanie J Hall		Case number (if know)	
	Dr. Brent Engelberg, DDS	Last 4 digits of account number		\$600.00
	Nonpriority Creditor's Name 3440 N. Arlington Heights Rd Arlington Heights, IL 60004	When was the debt incurred?		
_	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	Other. Specify Dental Bill		
4.1	Dsnb Bloomingdales	Last 4 digits of account number	4462	\$1,062.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053	When was the debt incurred?	Opened 07/13 Last Active 6/18/17	
	Mason, OH 45040 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damin	S. Offect all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	Harris & Harris	Last 4 digits of account number		\$234.98
	Nonpriority Creditor's Name 111 W. Jackson Blvd	When was the debt incurred?		
_	Chicago, IL 60604 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one. Debtor 1 only			
	_	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d claim:	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a Ciaiiii.	
	Check if this claim is for a community debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	= :	
	Yes	Other. Specify Northwest	Community Hospital	

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Debtor Debtor	1 Scott R Hall 2 Stephanie J Hall		Case number (if know)	
4.2 0	Keynote Consulting	Last 4 digits of account number	9591	\$352.00
	Nonpriority Creditor's Name 220 West Campus Drive Suite 102	When was the debt incurred?	Opened 1/13/12	
	Arlington Heights, IL 60004 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Comprehe	nsive Psychological	
4.2	Keynote Consulting	Last 4 digits of account number	6005	\$52.00
	Nonpriority Creditor's Name 220 West Campus Drive Suite 102 Arlington Heights, IL 60004	When was the debt incurred?	Opened 10/12	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection Speciali	Attorney Barrington Orthopedic	
4.2	Lifetime Fitness	Last 4 digits of account number		\$300.00
	Nonpriority Creditor's Name 680 Woodlands Parkway Vernon Hills, IL 60061	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Past Due		

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Debtor 2	Scott R Hall Stephanie J Hall	Case number (if know)	
	Midwest Anesthesiology Partners	Last 4 digits of account number	\$65.00
	Nonpriority Creditor's Name c/o Merus Management Group 40 Shumand Blvd, Suite 275 Naperville, IL 60563	When was the debt incurred?	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical bill	
	Northwest Community Hospital	Last 4 digits of account number	\$1,500.00
	Nonpriority Creditor's Name 800 Central Rd Arlington Heights, IL 60005	When was the debt incurred?	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bill	
4.2	Paypal Credit	Last 4 digits of account number	\$3,200.00
	Nonpriority Creditor's Name 9690 Deereco Rd, #7th	When was the debt incurred?	
	Lutherville Timonium, MD 21093 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	Check if this claim is for a community debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit account	

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Debtor 2	Scott R Hall Stephanie J Hall		Case number (if know)	
4.2	Paypal Credit	Last 4 digits of account number		\$2,000.00
	Nonpriority Creditor's Name 9690 Deereco Rd, #7th	When was the debt incurred?		
_	Lutherville Timonium, MD 21093 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	По :: .		
	_	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.	
	At least one of the debtors and another	Student loans	d Claim.	
	☐ Check if this claim is for a community debt	_		
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	□ Yes	■ Other Specify Paypal cree		
	Li tes	Other. Specify Taypar Cres	uit	
/	Pelletteri	Last 4 digits of account number	0674	\$71.00
	Nonpriority Creditor's Name 1717 Park St	When was the debt incurred?	Opened 11/01/12	
	Naperville, IL 60563	_		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Chmb		
4.2	Scaravalle Company, Inc.	Last 4 digits of account number	9742	\$155.00
	Nonpriority Creditor's Name 555 Exchange Ct	When was the debt incurred?		
	Wheeling, IL 60090	_		
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	tration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□ Yes	■ Other. Specify Landscapin		

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Debtor 1 Scott R Hall Debtor 2 Stephanie J Hall Case number (if know) Synchrony Bank/AVB Buying 4.2 4391 \$1,460.00 9 Last 4 digits of account number Group Nonpriority Creditor's Name Opened 08/15 Last Active Attn: Bankruptcy Po Box 956060 When was the debt incurred? 6/18/17 Orlando, FL 32896 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Synchrony Bank/Care Credit 5006 \$1,424.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/11 Last Active Po Box 956060 When was the debt incurred? 6/28/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Synchrony Bank/Sams 2014 \$704.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 05/15 Last Active Po Box 965060 When was the debt incurred? 8/01/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account

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Debto:	r 1 Scott R Hall r 2 Stephanie J Hall		Case number (if know)	
4.3	Synchrony Bank/Sams Club	Last 4 digits of account number	0505	\$3,512.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 03/16 Last Active 7/05/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	rration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card		
4.3	Target	Last 4 digits of account number	9858	\$2,337.00
	Nonpriority Creditor's Name C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440	When was the debt incurred?	Opened 05/12 Last Active 6/10/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card		
4.3	Torres Crdit Nonpriority Creditor's Name	Last 4 digits of account number	6390	\$164.00
	Tcs Inc. Po Box 189 Carlisle, PA 17013	When was the debt incurred?	Opened 02/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin		
	☐ Yes	Other. Specify Co	Attorney Commonwealth Edison	

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r 1 Scott R Hall r 2 Stephanie J Hall	Case number (if know)	
Workout Anytime	Last 4 digits of account number	\$1,000.0
Nonpriority Creditor's Name 700 S. Buffalo Grove Rd	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Membership fees	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				7	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	63,570.98
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	63,570.98

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Page 33 of 60 Document Fill in this information to identify your case: Debtor 1 Scott R Hall Middle Name Last Name First Name Debtor 2 Stephanie J Hall (Spouse if, filing) Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Olalo	211 0000	
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_

		Document	t Page 34 c	of 60	
Fill in this	information to identify your	case:			
Debtor 1	Scott R Hall				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	Stephanie J Hall First Name	Middle Name	Last Name		
	3,				
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS		
Case numb	per			☐ Check if this is an	
				amended filing	
⊃tt: -; - I	Гатта 40011				
	Form 106H	•			
Sched	ule H: Your Code	ebtors		12/15	;
our name	and case number (if known). Ou have any codebtors? (if y	Answer every question.	•	to this page. On the top of any Additional Pages, write e as a codebtor.	!
■ No					
☐ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana,			ry? (Community property states and territories include nington, and Wisconsin.)	
	Go to line 3.				
☐ Yes.	. Did your spouse, former spou	se, or legal equivalent live w	rith you at the time?		
in line Form 1	2 again as a codebtor only if	that person is a guarantor	r or cosigner. Make	r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Office 06G). Use Schedule D, Schedule E/F, or Schedule G to	ial
	Column 1: Your codebtor lame, Number, Street, City, State and ZII	² Code		Column 2: The creditor to whom you owe the deb Check all schedules that apply:	it
3.1				☐ Schedule D, line	
	Name			Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
C	City	State	ZIP Code		
3.2				☐ Schedule D, line	_
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street				

State

City

ZIP Code

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Del	btor 1 Scott R Hall									
	btor 2 Stephanie J	Hall								
	ited States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS							
Ca	se number nown)		-	Check if this is: An amended filing A supplement showing postpetition chapt 13 income as of the following date:						
<u>O</u>	fficial Form 106I			MM / DD/ Y	YYY					
S	chedule I: Your Inc	ome			12/1					
atta	ch a separate sheet to this form. It 1: Describe Employment Fill in your employment		ith you, do not include information onal pages, write your name and c	ase number (if I						
	information.			☐ Emplo	<u> </u>					
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed	■ Not e	•					
	employers.	Occupation	Mechanic							
	Include part-time, seasonal, or self-employed work.	Employer's name	Illinois Tollway Authority							
		Employer's address	2700 Ogden Ave							
	Occupation may include student or homemaker, if it applies.		Downers Grove, IL 60515							
	, ,	How long employed t	Downers Grove, IL 60515							
Pai	, ,		Downers Grove, IL 60515							
Esti	or homemaker, if it applies. Tt 2: Give Details About Mon	nthly Income	Downers Grove, IL 60515	e, write \$0 in the	space. Include your non-filing					
Esti spo	or homemaker, if it applies. Tt 2: Give Details About Modimate monthly income as of the duse unless you are separated.	ate you file this form. If your than one employer, co	Downers Grove, IL 60515 here? 20 years		, ,					

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

			non-	filing spouse
2.	\$	5,966.13	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	5,966.13	\$	0.00

Official Form 106I Schedule I: Your Income page 1

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Debte Debte		Scott R Hall Stephanie J Hall	_		Case	e number (<i>if k</i>	nowr	1) .					
						r Debtor 1				Debtor			
	Cop	by line 4 here	4.		\$_	5,96	6.13	<u>3</u>	\$			0.00	
5.	List	all payroll deductions:											
-	5a.	Tax, Medicare, and Social Security deductions	5a	a	\$	1,16	2 7	4	\$			0.00	
	5b.	Mandatory contributions for retirement plans	5b		\$ -		0.00		\$ -			0.00	
	5c.	Voluntary contributions for retirement plans	50		\$		8.9	_	\$_			0.00	
	5d.	Required repayments of retirement fund loans	50		\$		0.0	_	\$_			0.00	
	5e.	Insurance	5e	€.	\$		0.0	<u> </u>	\$			0.00	
	5f.	Domestic support obligations	5f.		\$		0.0	0	\$			0.00	
	5g.	Union dues	5g	J .	\$	8	1.2	5	\$_			0.00	
	5h.	Other deductions. Specify:	5h	1.+	\$_		0.0	<u>)</u> +	+ \$ _			0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,48	2.93	3	\$			0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	4,48	3.20)_	\$			0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a.	\$		0.0	n	\$			0.00	
	8b.	Interest and dividends	8b		\$		0.0	_	\$			0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$_		0.0	_	\$			0.00	
	8d.	Unemployment compensation	80	l.	\$_		0.0	_	\$			0.00	
	8e.	Social Security	86	€.	\$_		0.0	<u>)</u>	\$			0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$_		0.0		\$			0.00	
	8g.	Pension or retirement income	89	-	\$_		0.0		\$_			0.00	
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$_		0.0	<u>)</u> +	+ \$_		_	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$		0.0)	\$_		_	0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		4,483.20		\$		0.00]_[\$	4,483.20
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		4,403.20		Ψ_		0.00		Ψ —	4,403.20
11.	othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe							Schedule 11.			0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaillies								12.	\$	i	4,483.20
13.	Do :	you expect an increase or decrease within the year after you file this form	?								_	ombin onthly	ed / income
		No.											
		Yes. Explain:											

Fill	in this informa	tion to identify yo	our case:			I			
Deb		Scott R Hall				Ch	eck i	f this is:	
		Ocott It Hall					Ar	amended filing	
	tor 2 ouse, if filing)	Stephanie J	Hall						ving postpetition chapter the following date:
			NODTI	IEDN DIOTDIOT OF ILL	NOIO				
Unit	ed States Bankr	uptcy Court for the:	NORTE	IERN DISTRICT OF ILL	INOIS		MI	M / DD / YYYY	
1	e number nown)								
Of	fficial Fo	rm 106J							
		J: Your I	Exper	ises					12/1
Be info	as complete a ormation. If m nber (if know	and accurate as ore space is ned n). Answer ever	possible eded, atta y questio	If two married people ch another sheet to thi					or supplying correct
Par	t 1: Descr Is this a joir	ibe Your House nt case?	hold						
	□ No. Go to								
	Yes. Doe	s Debtor 2 live i	n a separ	ate household?					
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expen</i> s	es for Separate House	ehold of De	ebtor	2.	
2.	Do you have	e dependents?	□ No						
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			Dependent's age	Does dependent live with you?
	Do not state	the			_				□ No
	dependents	names.			Son			<u>15</u>	■ Yes
									□ No □ Yes
							_		□ No
									☐ Yes
									□ No □ Yes
3.	expenses of	penses include f people other th d your depender	nan 👝	No Yes					1 103
Par		ate Your Ongoir		v Evnenses					
Est	imate your ex	cpenses as of yo	our bankr	uptcy filing date unless					apter 13 case to report f the form and fill in the
the		h assistance and		government assistance luded it on <i>Schedule I</i> .				Your exp	enses
,		,							
4.		or home owners and any rent for the		ses for your residence r lot.	Include first mortgag	e 4.	\$_		2,463.06
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's				4b.	\$		0.00
		maintenance, re owner's associati		ipkeep expenses		4c. 4d.			0.00
5.				our residence, such as h	nome equity loans	4a. 5.			0.00

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Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Cable/Internet Id and housekeeping supplies Idcare and children's education costs Ithing, laundry, and dry cleaning Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include contributions and religious donations International include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Include taxes deducted from your pay or included in lines 4 or 20. Cify: Include insurance of the insurance included in lines 4 or 20. Include insurance of the insurance included in lines 4 or 20. Include insurance Other insurance of the	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$	200.00 175.00 220.00 170.00 737.00 0.00 100.00 147.00 150.00 0.00 0.00 0.00
Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Cable/Internet Indiand housekeeping supplies Idicare and children's education costs Ithing, laundry, and dry cleaning Isonal care products and services Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Indiand include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Intrance. Indiand insurance deducted from your pay or included in lines 4 or 20. Life insurance I Health insurance I Vehicle insurance Other insurance. Specify: I Life insurance. Specify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. Cify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. Cify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. Cify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. Cify: I Life insurance or included in lines 4 or 20. Cify: I Life insurance or included in lines 4 or 20. Cify: I Life insurance or included in lines 4 or 20. Cify: I Life insurance or included in lines 4 or 20. Cify: I Life insurance or included in lines 4 or 20. Cify: I Life insurance or included in lines 4 or 20. Cify: I Life insurance or included in lines 4 or 20. Cify: I Life insurance or included in lines 4 or 20.	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	175.00 220.00 170.00 737.00 0.00 100.00 147.00 0.00 0.00
Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Cable/Internet dd and housekeeping supplies Idcare and children's education costs Idcare and children's education costs Idcare and dental expenses Idcare products and services Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Incot include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Intrance. Into tinclude insurance deducted from your pay or included in lines 4 or 20. If it insurance I Health insurance I Vehicle insurance Other insurance. Specify: I Life insurance. Specify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. I Life insurance. Specify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. I Life insurance. Specify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. I Life insurance or includ	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	220.00 170.00 737.00 0.00 100.00 0.00 147.00 0.00 0.00
Other. Specify: Cable/Internet and and housekeeping supplies Idcare and children's education costs Ithing, laundry, and dry cleaning Isonal care products and services Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include contributions and religious donations Irrance. Include insurance deducted from your pay or included in lines 4 or 20. If insurance I Health insurance I Vehicle insurance I Other insurance. Specify: I Life insurance. Specify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. I Life insurance I Other insurance. Specify: I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. I Life insurance or include taxes deducted from your pay or included in lines 4 or 20. I Life insurance or included in lines 4 or	6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	220.00 170.00 737.00 0.00 100.00 0.00 147.00 0.00 0.00
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sonal care products and services dical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include contributions and religious donations Irrance. Include insurance deducted from your pay or included in lines 4 or 20. Include insurance Include insu	9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 0.00 147.00 150.00 0.00 0.00
dical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Interview of include car payments. Interview of include car payments. Interview of include car payments. Interview of include insurance, and books Intrace. Interview of include insurance deducted from your pay or included in lines 4 or 20. Interview of insurance. Interview of insurance of included in lines 4 or 20. Interview of insurance of included in lines 4 or 20. Interview of insurance of included in lines 4 or 20. Interview of insurance of included in lines 4 or 20. Interview of included	11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$	0.00 147.00 150.00 0.00 0.00
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Life insurance Health insurance Vehicle insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1	15b. 15c. 15d.	\$	0.00
. Health insurance . Vehicle insurance . Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: . Car payments for Vehicle 1	15b. 15c. 15d.	\$	0.00
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es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1		\$	
cify: allment or lease payments: Car payments for Vehicle 1	16.		0.00
allment or lease payments: Car payments for Vehicle 1	10.	¢	0.00
. Car payments for Vehicle 1		\$	0.00
, ,	17a.	\$	0.00
	17b.	·	0.00
Other. Specify:	17b. 17c.	•	0.00
Other. Specify:	17c. 17d.		
ir payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
er payments you make to support others who do not live with you.		\$	0.00
cify:	19.		
er real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
. Mortgages on other property	20a.	\$	0.00
. Real estate taxes	20b.	\$	0.00
. Property, homeowner's, or renter's insurance	20c.	\$	0.00
. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
. Homeowner's association or condominium dues	20e.	\$	0.00
er: Specify: PFC loan on mattress	21.	+\$	100.00
aulata varus manutalu avusanaa			
		P	4 400 00
		Ι Ψ	4,462.06
		·	
. Add line 22a and 22b. The result is your monthly expenses.		\$	4,462.06
culate your monthly net income.			
·	23a.	\$	4,483.20
. Copy your monthly expenses from line 22c above.		*	4,462.06
1,7,7		·	7,702.00
Subtract your monthly expenses from your monthly income.	23c.	\$	21.14
	Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. Fullate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income.	Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. Fulate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. **Initiate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income.

☐ Yes.

Explain here: Debtors' son has special needs and requires therapy and medications. Debtors pay 10% of the overall medical bills (the portion not covered by their insurance).

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Fill in th	his inform	nation to identify your	case:				
Debtor '	1	Scott R Hall					
		First Name	Middle Name	Las	Name		
Debtor 2	2	Stephanie J Hall					
(Spouse if	, filing)	First Name	Middle Name	Las	Name		
United S	States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOI	S		
Case nu	ımher						
(if known)							Check if this is an
						_	amended filing
You mus	st file this ig money	form whenever you fi	r, both are equally respo le bankruptcy schedules n connection with a ban 519, and 3571.	s or amende	d schedules. Making a	a false statement, c	
	Sign	Below					
Die	d you pay	or agree to pay some	one who is NOT an atto	rney to help	you fill out bankruptc	y forms?	
	No						
	Yes. N	ame of person					Petition Preparer's Notice,
						Declaration, and Sig	nature (Official Form 119)
tha		true and correct.	that I have read the sum	·	chedules filed with thi		
	Scott R				Stephanie J Hall		
	Signature	e of Debtor 1			Signature of Debtor 2		
	Date A	august 11, 2017			Date August 11, 2	017	

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Fill	l in this inforn	nation to identify you	r case:			
De	btor 1	Scott R Hall				
De	btor 2	First Name Stephanie J Hall	Middle Name	Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Ca	se number					
	nown)				_	Check if this is an amended filing
	fficial Fo atement		Affairs for Indivi	duals Filing for E	Bankruptcy	4/10
info nun	ormation. If m	ore space is needed, n). Answer every ques	attach a separate sheet to	o this form. On the top of an	equally responsible for sup y additional pages, write yo	
1.		r current marital statu		d Lived Belole		
	☐ Married					
	■ Not mar	ried				
2			lived anyouthous other thouse	. where you live new?		
2.	During the is	ast 3 years, nave you	lived anywhere other thar	where you live now?		
	□ No ■ Yes. Lis	at all of the places you l	ived in the last 3 years. Do r	not include where you live nov	v.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there
	2406 Jay L Rolling Me	_ane eadows, IL 60008	From-To: 1999-2016	■ Same as Debtor	1	■ Same as Debtor 1 From-To:
3. stat	es and territori	ies include Arizona, Ca		evada, New Mexico, Puerto R	nity property state or territor lico, Texas, Washington and V	
Pa	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	u received from all jobs and	ng a business during this y all businesses, including part we together, list it only once u		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$41,674.81	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	
Offic	cial Form 107		Statement of Financial A	ffairs for Individuals Filing for E	Bankruptcy	page '

page 1

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Are either Debtor 1's or Debtor 2's debts primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. Coreditor's Name and Address Dates of payment Total amount Amount Was this payment for	Debte			phanie J	Hall					Case	e number	(if known)			
Sources of income Check all that apply. Sources of income Check all that apply. Sources of income Check all that apply. Wages, commissions, boruses, tips Operating a business Wages, commissions, boruses, tips Operating a business Sources of member 31, 2016) Wages, commissions, boruses, tips Operating a business Sources of member 31, 2015) Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support. Social Security, unemployment and other public benefit payments, pensions; renal income; interest, dividends, money collected from lawsuits; royalties, and gambling and lottery winnings. If you are filing a pink are income that you receive depther, list in only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Sources of income Describe below.						Debtor 1					Debto	. 2			
Clanuary 1 to December 31, 2016						Sources of		(befo	ore deduct		Source	es of inc		(befo	ore deductions
For the calendar year before that: (January 1 to December 31, 2015)					31, 2016)				\$77	,307.00			nmissions,	,	\$0.00
Clanuary 1 to December 31, 2015 Donuses, tips Donuses, t						☐ Operatir	ng a business				□Оре	erating a	business		
i. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No									\$58	,348.00			nmissions,	,	\$0.00
Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalises; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Sources of income Describe below. Describe below. Gross income from each source (before deductions and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6.425" or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6.425" or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for domestic support obligations, such as child support						☐ Operatir	ng a business				□ Оре	erating a	business		
Exclusions	[Fill in the de	tails.	Sources of				from	Source	es of inc			
Part 3: List Certain Payments You Made Before You Filed for Bankruptcy i. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for						Sources of				from	Source	es of inc			
Are either Debtor 1's or Debtor 2's debts primarily consumer debts. No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for								,		ons and				and	exclusions)
No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for	Part	3:	List	Certain Pa	yments You	Made Befor	e You Filed for	Bankru	ıptcy						
		_	No.	Neither Deindividual properties of the individual properties of the indivi	potent of the part	pebtor 2 has personal, far personal, far personal, far personal, far personal, far peditor. Do not payments to ton 4/01/19 at the preyou filed for peach creditor ments for doi	primarily consumily, or househor bankruptcy, do to whom you pat include paymer an attorney for tand every 3 year primarily consumprimarily con	umer de ild purpo id you pa id a tota nts for de his bank is after the umer de id you pa id a tota	ebts. Consose." ay any cre al of \$6,425 comestic succeptory case that for case ebts. ay any cre	ditor a tota * or more i pport oblig ee. es filed on ditor a tota r more and	I of \$6,42 n one or ations, su or after th	5* or more pauch as connected or more	yments an hild support of adjustment?	nd the total rt and alim ent.	amount you nony. Also, do or. Do not
		Cre	ditor's	Name and	d Address		Dates of payme	ent	Total a	mount paid		-	Was thi	is paymer	nt for

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Del	ebtor 2 Stephanie J Hall		Case	e number (if known)		
7.	Within 1 year before you filed for b					
	Insiders include your relatives; any g of which you are an officer, director, p a business you operate as a sole pro alimony.	person in control, or owner of 20% of	or more of their voting	securities; and any n	nanaging agent, including	
	■ No□ Yes. List all payments to an insi	ider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you R still owe	eason for this payment	
В.	Within 1 year before you filed for binsider? Include payments on debts guarante		yments or transfer a	ny property on acco	unt of a debt that benef	ited an
	■ No □ Yes. List all payments to an insi	ider				
	Insider's Name and Address	Dates of payment	Total amount paid		eason for this payment nclude creditor's name	
Par	rt 4: Identify Legal Actions, Repo	ssessions, and Foreclosures				
9.	Within 1 year before you filed for but List all such matters, including person modifications, and contract disputes.	nal injury cases, small claims action				
	■ No□ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency	S	tatus of the case	
10.	Within 1 year before you filed for be Check all that apply and fill in the det		erty repossessed, fo	oreclosed, garnished	I, attached, seized, or le	vied?
	No. Go to line 11.Yes. Fill in the information below	N.				
	Creditor Name and Address	Describe the Property		Date		of the roperty
11.	Within 90 days before you filed for			ancial institution, se	et off any amounts from	your
	accounts or refuse to make a payn No Yes. Fill in the details.	nent because you owed a debt?				
	Creditor Name and Address	Describe the action the	e creditor took	Date acti	on was A	mount
12.	Within 1 year before you filed for b court-appointed receiver, a custod		erty in the possession	on of an assignee fo	r the benefit of creditor	s, a
	■ No □ Yes					
Par	rt 5: List Certain Gifts and Contri	butions				
13.	Within 2 years before you filed for ■ No	bankruptcy, did you give any gift	ts with a total value o	of more than \$600 p	er person?	
	Yes. Fill in the details for each g Gifts with a total value of more that per person			Dates yo		Value
	Person to Whom You Gave the Gi Address:	ift and		ine ginte		

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	otor 2 Stephanie J Hall			Case number	(if known)	
14.	Within 2 years before you filed for bank ■ No	ruptcy, d	lid you give any gifts or contribution	ıs with a tota	I value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or	contributi	on.			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo		Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	uptcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the lot the amount that insurance has paid. Lot ce claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfer		oc dams on the 35 of ocheane Alb.	г торспу.		
	Include any attorneys, bankruptcy petition ☐ No ☐ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Illinois Advocates, LLC 77 W. Washington St. Suite 2120 Chicago, IL 60602 jfilipiak@iladvocates.com		Description and value of any propertransferred Filing fee and Credit Report fee	erty	Date payment or transfer was made 08/10/2017	Amount of payment \$388.00
17.	Within 1 year before you filed for bankri promised to help you deal with your cre Do not include any payment or transfer that No	editors o	to make payments to your creditors		r transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have at No Yes. Fill in the details.	our businers made a	ess or financial affairs? as security (such as the granting of a se			
	Person Who Received Transfer Address		Description and value of property transferred	payments	any property or received or debts	Date transfer was made
	Person's relationship to you			paid in ex	cnange	

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Debtor 1 Scott R Hall
Debtor 2 Stephanie J Hall

Case number (if known)

19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No □ Yes. Fill in the details.		y property to a	a self-settle	ed trust or similar device o	of which you are a
	Name of trust	Description and v	alue of the pro	perty trans	sferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instru	ıments, Safe Deposit	t Boxes, and S	torage Unit	ts	maue
20.	Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or or houses, pension funds, cooperatives, associat No Yes. Fill in the details.	ther financial accou	nts; certificate:	s of deposi		
		ast 4 digits of ecount number	Type of acco instrument	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for	bankruptcy, a	ny safe de	posit box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or p ■ No □ Yes. Fill in the details.	olace other than your	home within 1	l year befo	re you filed for bankrupto	y?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Pa r 23.	t 9: Identify Property You Hold or Control for Do you hold or control any property that somet for someone.		ude any propei	rty you bor	rowed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Par	t 10: Give Details About Environmental Inform	nation				
For	the purpose of Part 10, the following definitions	s apply:				
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface	e water, ground	• .	· ·	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	environmental	law, wheth	ner you now own, operate	, or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		as a hazardous	s waste, ha	zardous substance, toxid	substance,

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Scott R Hall
Debtor 2 Stephanie J Hall

Case number (if known)

24.	Has any govern	nmental unit notified you that	t you may be liable or potentially liable	und	ler or in violation of an environme	ntal law?
	■ No □ Yes. Fill in	the details.				
	Name of site	er, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
25.	Have you notifi	ed any governmental unit of	any release of hazardous material?			
	■ No □ Yes. Fill in	the details.				
	Name of site Address (Numb	er, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
26.	Have you been	a party in any judicial or adn	ninistrative proceeding under any envi	ironr	mental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in	the details.				
	Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case
Par	t 11: Give Deta	ails About Your Business or	Connections to Any Business			
27.	Within 4 years	before you filed for bankrupt	cy, did you own a business or have an	ny of	the following connections to any	business?
	☐ A sole	proprietor or self-employed i	n a trade, profession, or other activity,	eith	er full-time or part-time	
	☐ A mem	ber of a limited liability comp	any (LLC) or limited liability partnersh	ip (L	LP)	
	☐ A partn	er in a partnership				
	☐ An offic	cer, director, or managing ex	ecutive of a corporation			
	☐ An owr	ner of at least 5% of the votin	g or equity securities of a corporation			
	No. None	of the above applies. Go to F	Part 12.			
	☐ Yes. Chec	k all that apply above and fill	in the details below for each business	s.		
	Business Nam	ne	Describe the nature of the business		Employer Identification number	
	Address (Number, Street, C	ity, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security r Dates business existed	number or IIIN.
28.		before you filed for bankrupt editors, or other parties.	cy, did you give a financial statement t	to ar	nyone about your business? Inclu	de all financial
	■ No □ Yes. Fill in	the details below.				
	Name Address	ity, State and ZIP Code)	Date Issued			
	(. rambor, oneet, o	, cate and En Code)				

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Debtor 1	Scott R Hall		_		
Debtor 2	Stephanie J Hall			Case number (if known)	
Part 12:	Sign Below				
I have rea	ad the answers on this Sta	tement of Financial Affairs an	nd any attachments.	and I declare under penalty of perjury t	that the answers
			,	, or obtaining money or property by fra	
with a ba	nkruptcy case can result ir	n fines up to \$250,000, or imp	risonment for up to	20 years, or both.	
18 U.S.C.	§§ 152, 1341, 1519, and 35	71.			
/s/ Scot	t R Hall	/s/ Ste	phanie J Hall		
Scott R	•		anie J Hall		
	re of Debtor 1	•	ure of Debtor 2		
Date _A	August 11, 2017	Date	August 11, 2017		
Did you a	attach additional pages to	Your Statement of Financial A	Affairs for Individuals	Filing for Bankruptcy (Official Form 1	07)?
■ No					•
☐ Yes					
Did you p	pay or agree to pay someor	ne who is not an attorney to h	nelp you fill out bank	ruptcy forms?	
■ No		•			
☐ Yes. N	lame of Person Attac	ch the Bankruptcy Petition Pred	parer's Notice, Declara	tion, and Signature (Official Form 119).	

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Fill in this infor	mation to identify your	case:		
Debtor 1	Scott R Hall			
	First Name	Middle Name	Last Name	
Debtor 2	Stephanie J Hall			
(Spouse if, filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is a amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that

Did you claim the property that

incident of the second of the	secures a debt?	as exempt on Schedule C?
Creditor's Caliber Home Loans, In	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of 1143 Brandywyn Lane Buffalo	Retain the property and enter into a Reaffirmation Agreement.	Yes
property Grove, IL 60089 Lake County securing debt:	☐ Retain the property and [explain]:	
Creditor's Mercedes-Benz Financial	■ Surrender the property.	■ No
name:	☐ Retain the property and redeem it.	
Description of 2015 Mercedes ML350 37820	Retain the property and enter into a	☐ Yes
property miles	Reaffirmation Agreement. Retain the property and [explain]:	
securing debt: Leased vehicle // SURRENDER	— Retain the property and [explain].	
Creditor's Personal Finance/p312	По	_
Creditor's Personal Finance/p312 name:	☐ Surrender the property.☐ Retain the property and redeem it.	No
	Retain the property and redeem it. Retain the property and enter into a	□Yes
Description of Mattress	Reaffirmation Agreement.	55
property	☐ Retain the property and [explain]:	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Debtor 2	Scott R Hall Stephanie J Hall	Case number (if known)
securin	g debt:	
	List Your Unexpired Personal Property Lease	
n the info	rmation below. Do not list real estate leases. I	ed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill Unexpired leases are leases that are still in effect; the lease period has not yet ended. if the trustee does not assume it. 11 U.S.C. § 365(p)(2).
Describe	your unexpired personal property leases	Will the lease be assumed?
Lessor's n	name:	□ No
_ •	on of leased	_
Property:		☐ Yes
Lessor's n		□ No
Descriptio Property:	on of leased	☐ Yes
Lessor's n	nama:	П.,,
	on of leased	□ No
Property:		☐ Yes
Lessor's n	name:	□ No
Descriptio Property:	on of leased	☐ Yes
Lessor's n	namo:	_
	on of leased	□ No
Property:		☐ Yes
Lessor's n	name:	□ No
Descriptio Property:	on of leased	☐ Yes
Lessor's n	name: on of leased	□ No
Property:	in on leased	☐ Yes
Part 3:	Sign Below	
Inder per	nalty of perjury, I declare that I have indicated hat is subject to an unexpired lease.	my intention about any property of my estate that secures a debt and any personal
X /s/ S	Scott R Hall	X /s/ Stephanie J Hall
	tt R Hall	Stephanie J Hall
Signa	ature of Debtor 1	Signature of Debtor 2
Date	August 11, 2017	Date August 11, 2017

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-24115 Doc 1 Filed 08/11/17 Entered 08/11/17 16:26:36 Desc Main Document Page 53 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

	Scott R Hall			
In re	Stephanie J Hall		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPEN	NSATION OF ATTOR	RNEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	b), I certify that I am the attorn g of the petition in bankruptcy,	ey for the above nam or agreed to be paid	ned debtor(s) and that to me, for services rendered or to
	For legal services, I have agreed to accept		\$	0.00
	Prior to the filing of this statement I have received			0.00
	Balance Due			0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	☐ Debtor ☐ Other (specify): Debtor	's Union pays attorney's fe	ees at \$135/hr	
4.	■ I have not agreed to share the above-disclosed compo	ensation with any other person	unless they are memb	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name			
5.	In return for the above-disclosed fee, I have agreed to rea	nder legal service for all aspects	s of the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credito d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou 	ement of affairs and plan which rs and confirmation hearing, an educe to market value; exe ns as needed; preparation	may be required; d any adjourned hear emption planning;	rings thereof;
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.	does not include the following chargeability actions, judio	service: cial lien avoidance	es, relief from stay actions or
		CERTIFICATION		
	I certify that the foregoing is a complete statement of any pankruptcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
	August 11, 2017	/s/ Jennifer Ann F	ilipiak	
1	Date	Jennifer Ann Filip Signature of Attorne		
		Illinois Advocates		
		77 W. Washingtor		
		Suite 2120 Chicago, IL 60602	•	
		312.818.6700 Fax		
		_jfilipiak@iladvoca		
		Name of law firm	<u> </u>	

ILLINOIS ADVOCATES, LLC

77 W. Washington, Suite 2120 Chicago, IL 60602 Ph. 312.818.6700 Fax 312.492.4804

Hall REPRESENTATION CONTRACT (FOR LEGAL AND EDUCATION ASSISTANCE FUND-COVERED FEES)

- I. Parties & Purpose: This is an agreement for legal services entered into on the date shown below between Illinois Advocates, LLC, or one of its wholly owned subsidiaries (hereinafter referred to as "ILA" or "Law Firm") and the individual (or married couple) (hereinafter referred to as "Client") relating to advice, counseling, and filing for bankruptcy relief. ILA is a debt relief agency and a law firm that files bankruptcy cases on behalf of its clients.
- II. Client's Obligations: In addition to paying the Attorney Fees in a timely manner pursuant to Paragraph III, Client also agrees to carry out all of Client's Obligations pursuant to §521 of the Bankruptcy Code; to provide any and all requested information to ILA (ILA will provide Client with a checklist); to make Full Disclosure of all of Client's assets, liabilities, and financial information regardless of Client's intentions; to notify ILA of any change of address, email or phone number; and to cooperate fully with any staff member. Client acknowledges that ILA functions as a group practice and that more than one attorney may have responsibility for the case and that various attorneys and support staff may perform the different tasks associated with the case. ILA makes no representations or guarantees about the extent of the services provided by the individual attorney the Client originally consulted.

Full Disclosure: Client agrees to truthfully, completely, and accurately disclose all assets and their value; liabilities and their amount; income; and expenses to ILA and on any and all bankruptcy paperwork. In addition, Client agrees to accurately answer any and all questions posed by ILA and/or a representative agent of the United States Trustee.

Client understands that this agreement becomes effective when Law Firm approves this agreement and accepts Client for the services described herein.

III. Attorney Fees and Court Costs: ILA's attorney fees in this matter shall be paid by the Teamsters Local Union No. 727 Legal and Educational Assistance Benefits Fund (the "Benefits Fund"). ILA has preliminarily verified that Client qualifies for this benefit. In the event benefits do not apply, or in the event they cease to apply, Client agrees to pay ILA's fees at the discount rate of \$130.00 per hour, billed monthly and due immediately. In the event of an increase in this discount rate with the Benefits Fund, Client agrees to pay the increased rate. Client acknowledges that the Benefits fund does not cover court filing fees or out-of-pocket costs associated with this matter. Client will be responsible for paying these costs to ILA. Client agrees to timely pay the fee and court costs prior to the filing of the petition, including, but not limited to, the filing fees for Chapter 7 (\$335.00) or the filing fees for Chapter 13 (\$310.00) as well as costs of the credit report (\$33.00 for single filer and \$53.00 for joint filers).

Client expressly agrees that ILA will not file the bankruptcy petition and schedules with the court until all costs have been paid in full. In addition, we will not file the case until all required documentation has been provided, all required documents are timely signed, reviewed, verified, and correct.

IV. Law Firm Obligations: At all times ILA will represent Client zealously and act on Client's behalf to the best of its ability. ILA will use its best professional judgment whenever providing legal advice or opinion. Client expressly agrees ILA makes no guarantee regarding the outcome of the bankruptcy case, including, but not limited to, successful discharge of debt, the amount

ILLINOIS ADVOCATES, LLC

77 W. Washington, State 2120 Chicago, IL 60602 Ph 312.818.8700 Fax 312.492.4804

of the Chapter 13 payment, and whether or not 11.A can successfully reduce the balance of secured liens. II.A's advice is based on the information as disclosed by Client and Client agrees H.A is not responsible and assumes no liability for changes in the law, changes in Client's financial situation, and/or facts as revealed after review of documentation that could affect in any way advice II.A gives Client.

V. Termination of Services: If Client decides to discontinue R.A's services at any time, Client will notify R.A in writing. Client agrees to pay all fees carned to date of terminated. Client also agrees that ILA's services will be considered terminated upon the following events: discharge; dismissal of the case or the closing of the case under Chapter 7 or Chapter 13. Client acknowledges that any court fees paid are non-refundable to II.A, and likewise non-refundable to Client. II.A may terminate services for failure of Client to fulfill any of Client's contractual obligations in this agreement, including without limitation Client's sercement to promptly pay fees and costs when due.

VI. Limited Power of Attorney: Client agrees that the signature on this contract also grants a limited power of attorney to il A to 1) obtain tax information from anyone with whom the Client has consulted regarding tax returns or preparation or the internal Revenue Service, including but not limited to, copies of Client's test returns and/or transcripts, and 2) obtain due diligence products including, but not limited to, real estate appraisals and/or comparative market analyses, title searches, asset scarches, personal proporty valuations, and credit reports.

VIL Retention and Disposition of Records: II.A opcourages Client to keep and maintain copies of all bankruptcy related matters. ILA reserves the right to destroy all contents of the file after three (3) years. Client may request a copy of the file by sending a written request. If A reserves the right to charge a reasonable retrieval and duplication for of at least \$50. Client may also request a copy of their petition filed with the court for a fee of at least \$40 and a copy of Client's discharge papers for a fee of at least \$40.

VIII. Receipt of Mandatory Notice and Disciosure: The Bankruptsy Abuse and Provention and Consumer Protection Act (BAPCPA) of 2005 requires ILA to provide mandatory notices/disclosures to Client. Signature on this contract shall be acknowledgment by Client that Client has received, read and understood the two (2) separate documents entitled "Section 527(a) Notice" and "Important Information About Bankruptcy Assistance Services From a an Attorney or Bankruptcy Polition Properer."

IX. Entire Agreement: The entire contract between the Parties is contained in this instrument, except as otherwise indicated. The parties agree to all of the terms and conditions set forth herein and acknowledge that they have read and understand this Agreement.

X. Severability: In the event any provision of this agreement is found to be unenforceable for any reason by a court of compotent jurisdiction, only the offending clause shall be stricken from the agreement and the remainder of the agreement shall remain in full force and effect.

to and acknowledge all of the tarms above.

ILLINOIS ADVOCATES, LLC

United States Bankruptcy Court Northern District of Illinois

In re	Scott R Hall Stephanie J Hall		Case No.	
		Debtor(s)	Chapter 7	
	VI	ERIFICATION OF CREDITOR M Number of		38
		Number of	ereditors.	
	The above-named Debtor(s (our) knowledge.	hereby verifies that the list of credit	tors is true and correct to	the best of my
Date:	August 11, 2017	/s/ Scott R Hall		
		Scott R Hall		
		Signature of Debtor		
Date:	August 11, 2017	/s/ Stephanie J Hall		
		Stephanie J Hall		
		Signature of Debtor		

Aargon Agency Attn: Bankruptcy Department 8668 Spring Mountain Rd Las Vegas, NV 89117

AT&T c/o Bankruptcy 4331 Communications Dr, Flr 4W Dallas, TX 75211

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

Caliber Home Loans, In Po Box 24610 Oklahoma City, OK 73124

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy PO Box 30253 Salt Lake City, UT 84130

Central Cred Un of IL Attn Bankruptcy 1001 Mannheim Rd Bellwood, IL 60104 Central Credit Union 9850 W 159th St Orland Park, IL 60467

Comenity Bank/Victoria Secret Po Box 182789 Columbus, OH 43218

Comenity Bank/Z Gallerie Po Box 182125 Columbus, OH 43218

Comenitybank/fmrwrdsvs Comenity Bank Po Box 182125 Columbus, OH 43218

Compass Health Center 60 Revere Drive, Suite 100 Northbrook, IL 60062

Discover Financial Po Box 3025 New Albany, OH 43054

Discover Financial Po Box 3025 New Albany, OH 43054

Dr. Brent Engelberg, DDS 3440 N. Arlington Heights Rd Arlington Heights, IL 60004

Dsnb Bloomingdales Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Harris & Harris 111 W. Jackson Blvd Chicago, IL 60604 Keynote Consulting 220 West Campus Drive Suite 102 Arlington Heights, IL 60004

Keynote Consulting 220 West Campus Drive Suite 102 Arlington Heights, IL 60004

Lifetime Fitness 680 Woodlands Parkway Vernon Hills, IL 60061

Mercedes-Benz Financial Po Box 685 Roanole, TX 76262

Midwest Anesthesiology Partners c/o Merus Management Group 40 Shumand Blvd, Suite 275 Naperville, IL 60563

Northwest Community Hospital 800 Central Rd Arlington Heights, IL 60005

Paypal Credit 9690 Deereco Rd, #7th Lutherville Timonium, MD 21093

Paypal Credit 9690 Deereco Rd, #7th Lutherville Timonium, MD 21093

Pelletteri 1717 Park St Naperville, IL 60563

Personal Finance/p312 1022 S. Mclean Blvd Elgin, IL 60123 Scaravalle Company, Inc. 555 Exchange Ct Wheeling, IL 60090

Synchrony Bank/AVB Buying Group Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Sams Club Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Torres Crdit Tcs Inc. Po Box 189 Carlisle, PA 17013

Workout Anytime 700 S. Buffalo Grove Rd Buffalo Grove, IL 60089